

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### FAX PAYMENT FORM

**Fax completed form and required documents to 608-251-3036.**

(Please allow 7 to 10 business days for processing.)

**NOTE: If paying application fee and/or expedited processing fee, application MUST be faxed with this form.**

### CUSTOMER INFORMATION:

Name of Applicant/Credential Holder:

Application/Credential Number:  
(if applicable)

Profession(s):

### REQUIRED PAYMENT INFORMATION:

**If paying application fee, application MUST be faxed with this form. Mark the appropriate box(es) to indicate type of payment.**

☐ Initial Credential Fee ☐ Exam/Retake ☐ Renewal Fee/Late Fee ☐ CIB Fee ☐ Re-Registration ☐ Temporary Permit

☐ Other: (please list)

Name of Card Holder:

☐ Same as Customer listed above.

Email Address:

Daytime Phone Number:  -  -

Are you requesting an expedited process? ☐ Yes ☐ No **If yes, include an additional \$10.00 fee for this service.**

**Expedited processing only applies to the initial review of the application and will only be applied if payment is received with application.**

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

**TOTAL AMOUNT TO CHARGE:** \$

**Cardholder's Address:**

(street) (city) (state) (zip code)

**Credit Card Number:**

-  -  -

**Expiration Date:**

/



3-digit  
security  
code



4-digit  
security  
code

**Security Code:** (please list)

**For Receipting Purposes**

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

**Cardholder's Signature:**

*DSPS uses RightFax to ensure safe and secure transmission of your payment information.*